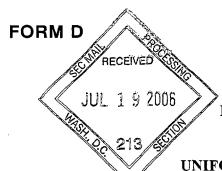
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008



06042373

Name of Offering (check if this is an amendment	and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 5 Type of Filing: New Filing Amendment	04 Rule 505 Rule 506 Section 4(6)	PROCESSE
	A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer		S AUG 0 7 2003
Name of Issuer (check if this is an amendment and Tidwell/Parkway Ventures, L.L.C.	d name has changed, and indicate change.)	The on Financial
Address of Executive Offices 510 West Tidwell Road, Houston, Texas 77091	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (713) 696-7810
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Operation of general care hospitals		
	orthorchie to be formed	please specify): ited liability company, already formed
Actual or Estimated Date of Incorporation or Organizat Jurisdiction of Incorporation or Organization: (Enter to		mated e:
GENERAL INSTRUCTIONS		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Ph

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) RHV Doctors Houston, LP Business or Residence Address (Number and Street, City, State, Zip Code) 2703 Telecom Parkway, Suite 100, Richardson, Texas 75082 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Kennedy, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 2703 Telecom Parkway, Suite 100, Richardson, Texas 75082 Beneficial Owner Check Box(es) that Apply: Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Aramayo, Willie L. Business or Residence Address (Number and Street, City, State, Zip Code) 150 West Parker Road, Suite 110, Houston, Texas 77076 Check Box(es) that Apply: ☐ Beneficial Owner ☑ Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Qadeer, Asaf Business or Residence Address (Number and Street, City, State, Zip Code) 7333 North Freeway, Suite 111, Houston, Texas 77076 Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Promoter Executive Officer Check Box(es) that Apply: Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or

>

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Managing Partner

		i.			B. IN	FORMATI	ON ABOU	COFFERIN	vG .			19	
1. Has	the iss	uer sold,	or does th	e issuer in	tend to sel	l, to non-ac	credited in	vestors in	this offeri	ng?		Yes	No IX
		Í				Appendix,						lianes.	e-m-y
2. Wha	at is the	minimu	ım investm	ent that w	ill be accep	oted from a	ny individ	ual?		•••••		\$_1,00	00.00
2 Dog	ne the o	ffarina m	ermit joint	over or ohis	a of a simal	a						Yes	No
			on requeste	•	-								
com If a or s	nmission person tates, li	n or simil to be list st the nar	lar remuner ed is an ass	ation for sociated per ociated per oker or de	olicitation rson or age aler. If mo	of purchase nt of a brok re than five	ers in conne er or dealer e (5) person	ction with registered s to be liste	sales of sec with the S ed are assoc	urities in th EC and/or	ne offering.		
Full Nan None	ne (Las	t name f	irst, if indi	vidual)	-								
Business	s or Res	idence A	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Name of	f Associ	ated Bro	oker or Dea	ıler			-				·		
			Listed Has										
(Ch	eck "A	ll States'	or check i	individual	States)		••••		•••••	••••••		☐ All	States
AL		AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL Mi	_	IN NE	NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	[MI]	MN OK	MS OR	MO PA
RI	= :	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
- · · · · ·			*										
Full Nar	me (Las	t name f	irst, if indi	vidual)									
Busines	s or Re	sidence	Address (N	Jumber an	d Street, C	ity, State, 2	Zip Code)						
Name of	f Assoc	iated Bro	oker or Dea	aler									
States in	Which	Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						· · · · · · · · ·
(Ch	eck "A	ll States'	or check	individual	States)	•••••		•••••	••••••	•••••	••••••		States
AI]	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL		ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
M RI	_	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
ruii Nai	me (Las	a name i	first, if indi	viduai)									
Busines	s or Re	sidence	Address (N	Number an	d Street, C	ity, State, Z	Zip Code)	-				-	
Name of	f Assoc	iated Br	oker or Dea	aler						,		ı	
States in	n Which	n Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Cł	neck "A	ll States	" or check	individual	States)	•••••			••••••			☐ Al	l States
AL AK AZ AR CA CO CT DE DC FL GA											GA	HI	ID
II	_	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
M´ R		NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

														LEB	

\$ \$0.087		Total	
\$		Other Expenses (identify)	
s	<u> </u>	Sales Commissions (specify finders' fees separately)	
<u> </u>	<u> </u>	Engineering Fees	
		Accounting Fees	
\$ \$20.00	2	Legal Fees	
00 032	_	Printing and Engraving Costs	
		Transfer Agent's Fees	
		a. Furnish a statement of all expenses in connection with the issuance and distribution of the incormation may be given as subject to furure contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	†
00.0 \$		Total	
\$		<i>R</i> □le 504	
s		A noilstion A	
\$		Rule 505 -	
nuomA tsilod blo2	Type of Security	Type of Offering	
		If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	3.
		Answer also in Appendix, Column 4, if filing under ULOE.	
s		Total (for filings under Rule 504 only)	
s		Non-accredited Investors	
\$ 20,000.00		Accredited Investors	
Aggregate Dollar Amount of Purchases	Number Investors		
		Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	۲.
		Answer also in Appendix, Column 3, if filing under ULOE.	
\$ 20,000,00	00.000,87		
\$ 50,000.00	00.000,87		
 \$		Ратлетship Interests	
		Convertible Securities (including warrants)	
		Common Treferred	
\$		Equity	
\$		Debt	
Amount Already Sold	Aggregate Offering Price	Type of Security	
• • • • •	· · · · · · · · · · · · · · · · · · ·	Enter the aggregate offering price of securities included in this offering and the fotal amount already sold. Enter "0" if the answer is "none" or "sero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	٠,

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS	
	b. Enter the difference between the aggregate offerir and total expenses furnished in response to Part C — Q proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part Countries.	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	\$
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installation of mach and equipment	inery	1\$	□\$
	Construction or leasing of plant buildings and facil			
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	e of securities involved in this s or securities of another		
	Repayment of indebtedness			_
	Working capital			_
	Other (specify):			
			\$	\$
	Column Țotals		\$_0.00	\$ 77,200.00
	Total Payments Listed (column totals added)		≥ \$ <u>77</u>	,200.00
		D. FEDERAL SIGNATURE	The state of the s	
sigr	issuer has duly caused this notice to be signed by the u ature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Commissi	on, upon writte	
ssu	er (Print or Type)	Signature D	ate	
Tid	well/Parkway Ventures, L.L.C.	Nasseleha	uly 11, 2006	
Var	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
sa	Qadeer, MD	Manager of Tidwell/Parkway Ventures, L.L.C.		

- attention -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.

See Appendix, Column 5, for state response.

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Tidwell/Parkway Ventures, L.L.C.	July 11, 2006
Name (Print or Type)	Title (Print or Type)
Asaf Qadeer, MD	Manager of Tidwell/Parkway Ventures, L.L.C.

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX.													
1	Intend to non-a- investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)									
State	Yes	No	·	Number of Accredited Investors	Yes	No								
AL					:									
AK														
AZ														
AR														
CA														
СО														
CT														
DE														
DC														
FL														
GA														
н														
ID														
IL						·			(manusana)					
IN														
IA						·								
KS								777						
KY														
LA														
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MD									and the state of t					
MA			·											
МІ														
MN														
MS		The state of the s												

			ing a Marinetha.	APP.	ENDIX	and the second second				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
MT									***************************************	
NE							_			
NV										
NH										
NJ			_							
NM										
NY										
NC										
ND										
ОН			-							
ОК										
OR										
PA										
RI										
SC										
SD										
TN										
TX		×	\$78,000 units of limited liability company interests	25	\$50,000.00				×	
UT										
VT									Commentation	
VA										
WA									· · · · · · · · · · · · · · · · · · ·	
WV										
WI									Lance	

				APPI	ENDIX					
1	:	2	3			4		5		
	Intond	to sell	Type of security and aggregate			under State ULOE				
		ccredited	offering price		Type of	(if yes, attach explanation of				
	investor	s in State	offered in state		amount purchased in State					
	(Part B	-Item 1)	(Part C-Item 1)		(Part	C-Item 2)		(Part E-Item 1)		
			-	Number of		Number of				
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
WY										
WI									<u> </u>	
PR										